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CONFIRMATION NO. 1994

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/005,034	<b>FILING OR 371(c) DATE</b> 01/09/1998 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 038007/0111
<b>APPLICANTS</b> PETER K. LAW, MEMPHIS, TN;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/477,377 12/07/1995 ABN which is a CIP of 08/354,944 12/13/1994 ABN  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/02/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 26633				
<b>TITLE</b> MYOBLAST THERAPY FOR COMETIC TREATMENT				
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	